

Exhibit F

File Number:

X00997779

Date Filed: 09/02/2009

Expiration Date: 09/02/2014

Robin Carnahan

Secretary of State



State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 2050 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Registration of Fictitious Name

(Submit with filing fee of \$7.00)
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check all that apply:

☒ New Registration ☐ Renewal ☐ Amendment ☒ Correction ☐ Correction

Registration # Registration # Registration # Registration #

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Missouri Primate Foundation

Business Address: 12338 Hwy CC

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Festus, Mo 63028

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # of Owner Required If Owned by a Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Connie Braun		12338 Hwy CC	Festus, MO	63028	100%

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

Connie Braun
Authorized Signature

Connie Braun
Printed Name

8/12/09
Date

Authorized Signature

Printed Name

Date

Authorized Signature

Printed Name

Date

Name and address to return filed document:

Name: Connie Braun Casey

Address: 12338 Hwy CC

City, State, and Zip Code: Festus, MO 63028

State of Missouri
Fictitious Creation 1 Page(s)



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